ACTIVE EMPLOYEES:

ELIGIBILITY

Who is eligible for active health benefits?

Active employees include those who are employed by the State or County who will be working for more than three months in a position that requires more than half-time work. As an active employee, you are eligible to enroll:

- Yourself
- Your spouse or domestic partner
- Your children under age 19 (including your domestic partner's children)
- Your child (ages 19 through 23 years of age) if a full time student at an accredited school, college, or university and taking not less than the minimum number of credits to qualify as a full-time student at that school, college, or university
- Your unmarried child or a child of your spouse or domestic partner, regardless of age, who is unable to care for himself or herself due to a mental or physical incapacity that existed prior to the child's turning 19 years of age
- A child for whom you must provide health coverage due to the terms of a qualified medical child support order.

For more detailed definition of an employee, please refer to Chapter 87A, Hawaii Revised Statues. Based on your eligibility, your employer will make a monthly contribution toward your health premiums. Only the employee is eligible for group life insurance.

Who is not eligible for active health benefits?

- Part-time, temporary, and seasonal or casual employee
- A person employed temporarily on a fee or contract basis except as allowed in Chapter 87A-1, HRS.

What are the requirements for domestic partnerships?

Domestic partners (DPs) are eligible for health benefits. To qualify for DP coverage, you and your DP must meet the following requirements:

1. The employee-beneficiary and domestic partner must live in a spouse-like relationship.
2. The employee-beneficiary and domestic partner must intend to remain in a domestic partnership with each other indefinitely.
3. The employee-beneficiary and domestic partner must have a common residence and intend to reside together indefinitely.
4. The employee-beneficiary and the domestic partner are and agree to be jointly and severally responsible for each other's basic living expenses such as food, shelter, and medical care.

5. Neither the employee-beneficiary nor the domestic partner are married or a member of another domestic partnership.
6. The employee-beneficiary and domestic partner are not related by blood in such a way that would prevent them from being married to each other in the State of Hawaii.
7. The employee-beneficiary and domestic partner are both at least 18 years of age and mentally competent to contract.
8. The consent of the employee-beneficiary or the domestic partner to the domestic partnership was not obtained by force, duress, or fraud.
9. The employee-beneficiary and domestic partner must sign and file a declaration of their domestic partnership with the EUTF in such form as the EUTF board of trustees may from time to time prescribe.

An employee-beneficiary may also enroll a domestic partner's children as dependent-beneficiaries so long as the children meet the EUTF eligibility requirements applicable to the enrollment of dependent children.

Please note that there are tax consequences to you regarding any premiums paid by the employer for health benefits coverage of a non-dependent domestic partner. In addition, coverage of a non-dependent domestic partner may affect how much you can pay pre-tax for your health benefits plans through PCP. There are forms available on this website. Contact your tax consultant if you have specific questions about these tax issues.

PAYMENT

Will I have to pay for my health benefits?

Yes. Active employees pay a portion of the premiums for their health benefits, as determined by collective bargaining and/or prescribed by law.

When I retire, how much will I pay for my health benefits?

Please see the Retiree FAQ

When do my health benefits begin?

If you file an enrollment form or change of enrollment form in a timely manner (generally 30 days after the event that qualifies you for coverage), your health benefits coverage will begin as follows. If you are a new employee, your effective date of coverage will be the date that you are first hired. If you are a newly-eligible employee (e.g., going from part-time to full-time employment), your effective date of coverage will be the date that your change in employment status took place.

If you want to make a change during a plan year due to events such as marriage, your spouse's loss of other coverage, or the birth or adoption of a child, you must also timely file a change in enrollment form (generally within 30 days of the event). The effective dates of coverage vary. Some changes are effective upon your filing of the change in enrollment form such as for marriage. Some changes are effective upon the occurrence of the event such as your spouse's loss of other coverage or the birth of a child. Contact your personnel office or the EUTF for the effective date of coverage for an adopted child as it varies depending on the circumstances.

If you make changes during an open enrollment, the effective date of your changes in coverage will be the first day of the following plan year.

ENROLLMENT PROCESSES

When is the open enrollment period?

The EUTF's board of trustees establishes an open enrollment period to inform employees about new life and health benefits plan coverage and allowable enrollment changes. The EUTF will mail you an open enrollment package to include: an open enrollment guide for active employees; an open enrollment form that shows the plans in which you and your dependents (if any) are currently enrolled and that allows you to make changes to your plans and/or dependents; and other materials that may assist you during the open enrollment period. Please read these materials. During the open enrollment period, you will be able to make changes, adjustments, and other enrollment transactions.

What is the last day I can enroll?

The Open Enrollment period is from April 16 through May 18, 2007. You must enroll by submitting your completed and signed enrollment form to your personnel office by the end of the work day on Friday, May 18, 2007.

What if I do not enroll by May 18, 2007?

If you currently have health benefits, you will be enrolled in the plans noted on your OE-1 form. You will not be able to change your elections after the Open Enrollment period unless you experience a qualified change during the plan year.

I don't want to make any changes to my current coverage. Do I need to do anything?

No. You will be enrolled in EUTF plans that have been deemed the most similar to the plans you are currently enrolled in. Please review your Open Enrollment Change form (OE-1) which shows what plan you will have effective July 1, 2007 if you make no changes.

I didn't receive or I lost my Open Enrollment packet. How do I make my changes?

If you were recently hired (since February 1, 2007), you may not have received an Open Enrollment packet. To make changes, you can use the Enrollment Form for Active Employees (EC-1 which is available on this website. If you lost your OE-1 form, you can still participate in the Open Enrollment period by using the Enrollment Change form (EC-1) that is dated July 2007. Complete the form, make your changes and submit your signed form to your personnel office.

Why am I allowed to make changes only once a year?

Employers must follow Internal Revenue Service regulations when pre-taxed contributions for benefits are involved. The IRS allows changes to your coverage only during an open enrollment period or when you experience certain life or family status changes (i.e., marriage, childbirth, adoption, etc).

What if I make a change and then decide another choice would be better.

You may make a change as long as it is done prior to the end of the Open Enrollment period which is May 18, 2007. THE LAST CHANGES YOU MAKE WILL BE THE ELECTIONS THAT YOU WILL HAVE EFFECTIVE JULY 1, 2007.

What if my confirmation notice is in error and does not accurately reflect my selections that I submitted?

If your confirmation notice is incorrect, you must make the correction within 30 days of the notice date. YOU ONLY CAN MAKE CORRECTIONS TO AN ERROR. YOU CANNOT MAKE A CHANGE TO YOUR SELECTIONS SUBMITTED IN YOUR OPEN ENROLLMENT FORM.

Will I receive a confirmation notice if I do not make a change?

No. You will receive a confirmation notice only if changes are made.

We are both employees of the State/county. How should we cover each other and/or our dependent child(ren)?

EUTF Administrative Rules 4.03 states that no person may be enrolled simultaneously in any benefit plan offered or sponsored by the EUTF as an employee and a dependent. In addition, no child may be enrolled by both parents. For example, if one employee enrolls in a family plan, the spouse employee cannot enroll in another plan sponsored by EUTF. This includes any plan offered by a VEBA organization.

Will I receive new ID cards?

MEDICAL:

HMA: Two ID cards will be issued, one for the employee and one for the spouse.

HMSA:

PPO Plan - Two ID cards will be issued, both in the employee's name.

HMO Plan - Two ID cards will be issued, both in the employee's name. Card will also include Prescription Drugs ID number

HDHP - Two ID cards will be issued, both in the employee's name. Card will also include Prescription Drugs ID number

Supplemental Plan - Two ID cards will be issued, both in the employee's name.

Kaiser:

Comprehensive Plan: One ID card per family member will be issued only for new enrollees. Current Kaiser participants are to use their existing ID cards.

Basic Plan: One ID card per family member will be issued to all enrollees.

Royal State: No ID cards are issued.

PRESCRIPTION DRUGS

NMHC: Two ID cards will be issued, both in the employee's name.

DENTAL:

HDS: Two ID cards will be issued, both in the employee's name

VISION:

VSP: No ID cards are issued.

LIFE INSURANCE:

Standard Life Insurance: No ID cards are issued. A certificate of coverage is available for viewing on this website, and you can request a paper version from the EUTF.

When will I receive my new cards?

The carriers will mail your ID cards directly to you beginning in late June to early July 2007.

I understand that we have a change in our Prescription Drug manager. Who is our Prescription Drug manager?

Effective July 1, 2007, all of our PPO medical plans will have prescription drugs coverage administered by National Medical Health Card Systems (NMHC). These medical plans include, HMA PPO, HMSA PPO and Supplemental plans. The HMSA HMO and HDHP plan will include the HMSA prescription drug plan. Both Kaiser Permanente HMO plans include prescription drugs through Kaiser. If you have a current prescription on file with HMSA as of June 30, 2007, NMHC will honor that prescription at the same copay level.

I have been using the mail order program through HMSA to obtain my maintenance prescription drugs. What must I do now that NMHC will be my carrier?

NMHC and HMSA have closely coordinated this transfer to ensure a smooth transition from your current mail order service to NMHC's mail order service. If you have a prescription on file with HMSA, NMHC will also honor your current prescription. You will not be required to obtain a new prescriptions for any maintenance drugs that you currently receive.

When I have changes to be made, what must I do?

You must make changes during the open enrollment period if:

- You want to choose a different benefit plan
- You want to change coverage for dependents.

You can add dependents, including a spouse or domestic partner (DP) and children to your plan during open enrollment. To add a DP to your plan, please contact your personnel office or the EUTF to obtain the documents required to enroll a DP or go to the

EUTF website, www.eutf.hawaii.com, to download the appropriate forms. Turn in the completed forms to your personnel office. Remember, under EUTF rules, employees are required to notify the EUTF of changes in dependent eligibility such as a loss of eligibility. Failure to do so may result in loss of premiums and additional benefit rights, such as COBRA, for dependents.

When my dependent(s) become ineligible, do I have to report it to the EUTF?

YES. It is very important that you keep the EUTF abreast of any changes in family status and eligibility. You are required to notify the EUTF as soon as practicable after any of your covered dependents becomes ineligible for the EUTF benefit plans. Failure to do so may render you liable for benefits that were paid for the ineligible dependent. Events where a dependent becomes ineligible include, but are not limited to:

- A child who reaches 19 years of age and does not become a full-time student
- Annulment of marriage, divorce, legal separation or dissolution of domestic partnership
- Death of your spouse or child
- A child who reaches 24 years of age if a full-time student
- End of a required coverage under a qualified medical support order
- Failure to complete the adoption of a child

DEPENDENTS/SURVIVORS

What happens when an active employee passes away?

Please ensure that you inform your spouse, family or trust administrator about the procedures they should follow in order to receive EUTF benefits after your death. Your dependents must notify the EUTF if you pass away. The EUTF will notify the life insurance company. The life insurance company will contact your dependents to begin the process to get life insurance proceeds to your beneficiaries.

Some dependents may qualify to be enrolled in the EUTF health benefit plan. These may include the surviving spouse or an unmarried child under the age of 19 of an active employee who is killed in the performance of the employee's duties. Other dependents may qualify for COBRA continuation coverage upon the death of the employee. In either case, it is important for the dependents to notify the EUTF as soon as possible after the death of the employee.